

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. **185** **141**
Registered No. **141**

1. PLACE OF BIRTH

County

Sila

State

Arizona

District or Township

or Village

City

Miami

No.

6 Van Winkle Canon

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Amanda Garcia

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.**Male**

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth **Jan. 8-1930.**
Month Day Year

8.

FATHER

Full name

Roman Garcia

9. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona

10. Color or race

Mex11. Age at last birthday **37** (Years)

12. Birthplace (city or place)

(State or country)

Zacatecas
Mex.

13. Occupation

Nature of Industry

Miner

14.

MOTHER

Full maiden name

Pabla Orasco

15. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona

16. Color or race

Mex17. Age at last birthday **35** (Years)

18. Birthplace (city or place)

(State or country)

Georgetown
New Mex.

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)**9**

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum?**yes**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** at **7:30** p.m. on the date above stated.
(Born alive or stillborn){ *When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Signature

Cyril M. Brown M.D.
Physician
(Physician or midwife.)Given name added from
a supplemental report

Month, day, year

Address

Miami, Arizona

Filed

Jan 10 1930**L. E. Jones**
Registrar.

Registrar.

Registrar.

171-106-766

each 1 - order of birth stated.